



FLWEMS Paramedics Adult Protocol for the Management of:
BURN TRAUMA

Indications

To outline the paramedic care and management of the patient with burn trauma.

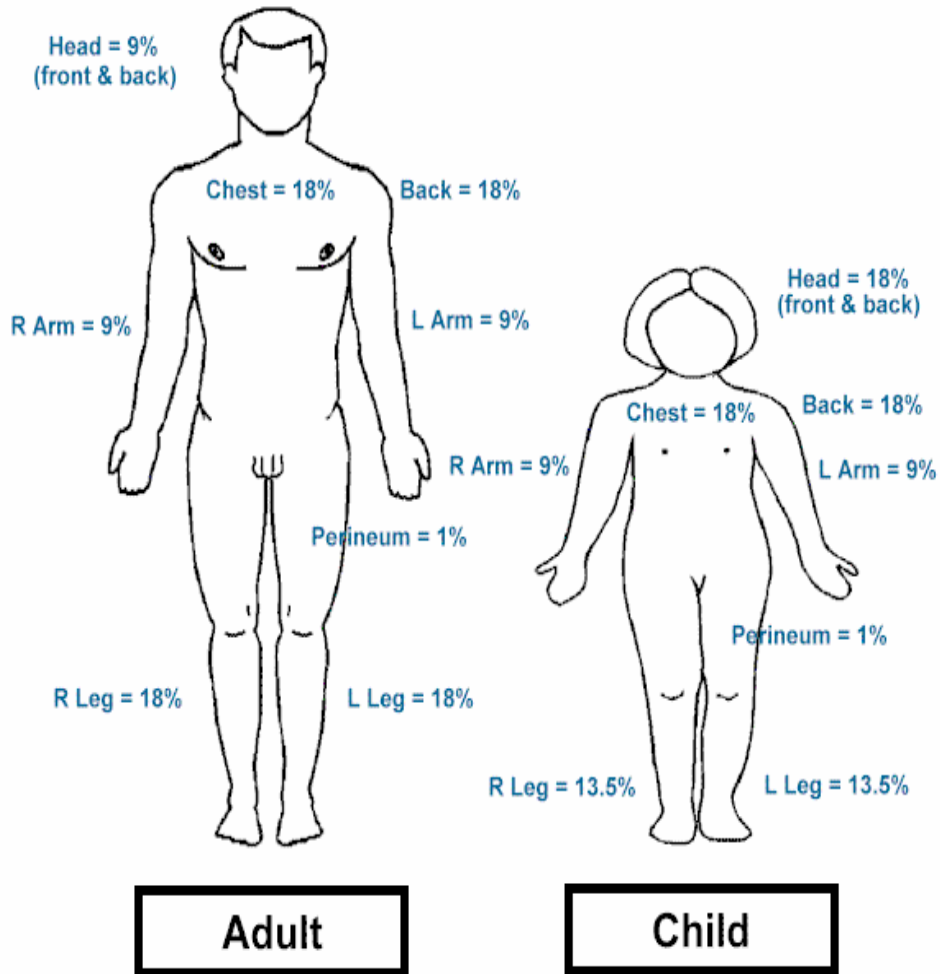
Procedure

1. Remove heat source as soon as possible.
2. Secure an airway as outlined in FLWEMS Paramedics Adult Protocol for the Management of Airway & Ventilation and administer supplemental **Oxygen** as needed. Consider early intubation if patient is high risk for inhalation injury.
3. Use full spinal immobilization for potential or suspected associated trauma per spinal injury protocol, especially in blast injuries.
4. Establish a minimum of one large bore IV of **Lactated Ringers**. Attempt two large bore IV's for all Class I patients.
5. May administer pain medication as follows:
 - a. **Morphine Sulfate** 5-10mg IVP, repeat every 5 minutes in 2 mg increments as needed titrate to SBP of 90mm/Hg.

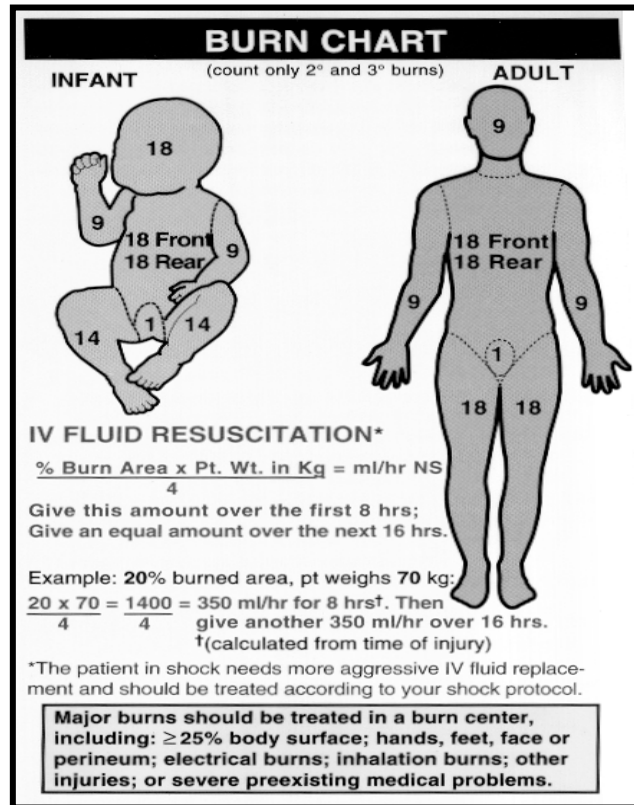
NOTE: As a "Standing Order" paramedics may administer up to 5mg Morphine Sulfate IVP for obvious orthopedic compromises and/or second or third degree burns prior to contacting Medical Control.
 - b. Consider **Meperidine HCl** (Demerol) 25-50mg IVP if patient has allergies to MS04, may repeat every 5 minutes as needed, titrate to SBP of 90mm/Hg.
 - c. **Fentanyl** (*Sublimaze*) 50 – 100mcg IM or slow IVP over 1 -2 minutes every 20 – 30 minutes as needed titrated to SBP of 90mm/Hg or analgia.
 - d. Monitor respiration's if not intubated.
 - e. Maintain pain control per pain management protocol.
6. Maintain body temperature with dry linens.
7. Establish Body Surface Area (BSA) and administer IV fluids.
8. Treat for nausea and vomiting as per the direction of Medical Control. May consider:
 - a. **Promethazine** (Phenergan) 12.5 – 25mg slow IVP.
 - b. **Ondansetron** (Zofran) 4mg IVP or IM undiluted over 30 seconds.
9. Monitor cardiovascular & pulmonary status.
10. Transport to appropriate Emergency Department.
11. Contact medical control for further orders as needed.

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RULE of NINES CHARTS
(Count 2° and 3° Burns Only)



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CAIRA/Chemical Surety Considerations

None

Triage Considerations

Refer to S.T.A.R.T. Triage Protocol

END OF SOP – NOTHING FOLLOWS